

## **Frequently Asked Questions Regarding DPH Administrative Update Addressing EI System Growth 12/7/07**

### **Clarification of Torticollis Diagnosis on the Established Conditions List**

1. Is the Department of Public Health going to contact physicians regarding the new policy requirement for a confirmed diagnosis of congenital torticollis and ASD?

*The Department of Public Health was not planning to directly contact physicians regarding the confirmed diagnosis of congenital torticollis and ASD. However, the DPH has drafted a memo for Early Intervention Providers to share with their referral sources regarding the change in policies and procedures. It is the expectation that EI programs will inform referral sources and obtain this information through their ongoing relationships and communication with referral sources. EI staff should work in conjunction with the Specialty Service Provider and experienced clinicians familiar with the spectrum in obtaining the appropriate documentation of diagnosis for children on the autism spectrum. Please see the attached memo.*

2. Does the child have to have a diagnosis of congenital torticollis on the birth records, or can it be given after the child is home by their pediatrician?

*Either, the child may have a confirmed diagnosis on the birth record or the pediatrician may diagnose after birth. Programs must maintain documentation in the child's file.*

### **Duration of Eligibility**

3. Is the eligibility for six months for developmental delay and at-risk for newly enrolled children and families only or does it also include those coming up on six month reviews and those coming up for re-determination?

*The six month eligibility redetermination and IFSP development is for children entering the system January 1, 2008. However, for any child and family currently in the assessment/evaluation process in December who does not have a signed IFSP with a 12 month duration, programs are encouraged to have the discussion with families about the six month eligibility determination.*

4. Please clarify the timing of 6 month eligibility evaluations. If a child is currently enrolled, will the next scheduled annual eligibility evaluation result in a six month IFSP and then another evaluation 6 months later or are currently enrolled children maintained on the 12 month schedule until they are discharged at or before age 3?

*Effective January 1, 2008 all children eligible based on developmental delay, clinical judgment or at risk should have their eligibility for early intervention re-determined at six months. Programs are encouraged to have discussions with families regarding ongoing EI participation of children who are making significant progress and have a current IFSP with a duration of one year who are eligible based on developmental delay, clinical judgment\* or at risk. However, these families may choose to continue in early*

*intervention for the duration of the IFSP. At that annual eligibility determination families should be informed of the six month eligibility duration, and if continued eligibility is based on delay, clinical judgment or at risk factors they would move to the six month evaluation schedule. If at any time eligibility is based on an Established condition the child then becomes eligible for one year.*

*In other words, if a child is coming up on his 6-month review, the program should be having the discussion about the significant progress the child is making and giving the family the option to end services. The family may opt to stay for the remaining 6 months of the child's current eligibility but are informed that at the end of that time, the child will be moving to the new 6-month eligibility schedule.*

***Reminder: Children eligible based on clinical judgment cannot continue to be eligible for an additional 6 month period without a waiver of standards approved by the DPH .***

5. When children get an ASD diagnosis during the 6-month eligibility period based on developmental delay and we have redone the EIIS, do we also have to do the 6-month re-determination or do they automatically go the full year from the initial assessment?

*All children initially eligible for early intervention based on developmental delay, clinical judgment or at risk should have their eligibility for early intervention re-determined at six months. If however during the initial six month eligibility period the child becomes diagnosed with an established condition the program should re-assess at the end of the first six months utilizing the most appropriate tool and incorporating the new information regarding the diagnosis into ongoing program planning and IFSP development for this child and family. The child then becomes eligible for one year.*

6. For a child who remains eligible at the end of 6 months, do we have to do a completely new IFSP or can we add to the existing one with perhaps just a new child profile and signature page?

*Minimally programs will need to re-do the Cover Page, Developmental Profile, and Signature page every six months for children eligible based on developmental delay, clinical judgment or at risk. The DPH will provide flexibility to programs that chose to add to the existing IFSP vs. completing an entirely new IFSP every six months. However, programs that choose to add to the existing IFSP should ensure that the IFSP is organized and complete for ongoing monitoring purposes.*

7. In order to avoid two separate tracking systems at the program level for the timing for scheduling eligibility evaluations/assessment can programs make all IFSPs valid for six months?

*The Universal IFSP must be reviewed at least every six months and be revised at each eligibility re-determination. As long as programs provide a thorough explanation to families regarding the IFSP process and duration of eligibility, all IFSPs may be written for a six-month period.*

8. When should the NCSEAM Family Survey be distributed since the 6-month IFSP review for many is now a re-determination?

*The NCSEAM survey would be distributed at the 6 month eligibility evaluation for children eligible based on developmental delay, clinical judgment or at risk or at the 6 month IFSP review for those children eligible based on Established condition . This may mean that for some families they would be completing the survey as they are exiting the EI system if they no longer are eligible for services.*

9. Are annual fees going changed so that if a family's annual fee was 180.00, they would need to pay 90.00 at initial signing of IFSP, and then at the six month eligibility evaluation if the child is still eligible, billed for another 90.00?

*The annual fee is not changing; the fee will be adjusted if the IFSP is not written for a full year. If an IFSP is written for up to 6 months, families will be billed for 50% of the fee. See attached Fee Brochure.*

10. Are we telling families that they must have an eligibility evaluation or that they should have the evaluation and then if they say no, go to hearing?

*If a family refuses to consent to an eligibility evaluation and eligibility can not be re-determined then the program may pursue resolution to the issue through mediation or an impartial due process hearing. If families consent to the evaluation and they are determined ineligible then they would be discharged.*

**Discontinue billing for IFSP development and meetings as Assessment Hours**

11. Two staff of the same discipline participating in an IFSP meeting will require a waiver, and billing in excess of two hours for multiple staff to participate in an IFSP meeting will need to be rejected by Mass Health before being billed to the DPH. Is it possible for a separate service code for the IFSP meeting to be added to the billing guidelines?

*The Department will explore the possibility of adding a service code or modifier for IFSP meetings to be recognized in the service delivery system. However, the DPH will first engage in discussions with Practice Management staff to determine the feasibility of such an option.*

12. Will waivers for two staff of the same discipline to participate in an IFSP meeting be approved routinely by the DPH?

*Waivers to the DPH Early Intervention Standards involving child/family services must be individualized to meet the needs of the enrolled child and family. Appropriate justification for two staff of the same discipline to participate in an IFSP meeting will be reviewed in the same manner as all waivers. Please utilize the current waiver form and provide all the necessary information to expedite the processing. The DPH will continue to monitor the number of waivers requested regarding IFSP development.*

13. If a program schedules Eligibility Evaluation and the IFSP meeting on the same day, same time how do they bill?

*Programs would bill the Eligibility Evaluation as assessment and bill the IFSP meeting as home visit.*

#### **Discontinue billing for Intake**

14. How will the program provide prior written notice for evaluation/assessment if the assessment process begins during the first face to face meeting?

*The Notice and Consent for Intake will no longer be required, however programs must send out the prior written notice for evaluation/assessment prior to the first face to face meeting and the initiation of the evaluation/assessment process.*

15. As of January 1, 2008 the first meeting with the family will be billed as an assessment rather than a screening, and in almost every situation the assessment will not be completed or even started on that date. Will the DPH be able to add a data field in the EIIS system to capture the "Date Tool Used" so that calculations for determining eligibility could then be based on the actual date of the assessment rather than an intake date that is now billed as an assessment?

*Intake activity is to occur as much as possible over the phone with the family prior to the first fact-to-face meeting, in order that the focus of the first face-to-face meeting is for assessment purposes but can also be used to finish up any intake activity. Therefore, the date from determining eligibility will remain the first billed date of an assessment. It is important that programs understand that assessment activity **must** occur in order to bill for this type of service. If the tool is used at a later date the first assessment date is the date to be used to determine the child's chronological age for eligibility purposes. The Evaluation Date within the EIIS must reflect also reflect this.*

*Remember that Notice and Consent Eligibility Evaluation/Assessment must be obtained prior to gathering information to be used for eligibility purposes.*

16. The EI Operational Standards currently state that a family may have a screening at more than one EI program. Since there no longer will be a billing type for Screening/Intake, will families still be able to, in essence, do an intake in more than one program?

*Families have the right to chose the EI program where they would like to begin services. However, intake services can no longer be used by families to assess programs. Instead, the program will need to decide how to best help the family in making this decision. Information can be sent out to families, acquired over the phone or families can be given the opportunity to visit a site or group service. Any scheduled visit with the family must be for eligibility determination.*

### **ASD eligibility screening tool**

17. Will the department be providing a list of approved credentials for individuals qualified to give diagnoses? How will we know if a physician giving the diagnosis has the appropriate experience with autism?

*The Department does not intend to approve individual diagnosticians or centers. The DPH is using the AAP guidance and is trying to avoid having children diagnosed only by pediatricians with no follow up referral to an experience clinician. See attached guidance regarding **Eligibility Criteria for Specialty Services for Children with Autism Spectrum Disorders**.*

18. Is the use of MCHAT or another test to be done by EI staff in conjunction with a physician or family doctor considered a preliminary diagnosis?

*The M-CHAT or other screening tools like the PDDST II can be administered by EI or SSP staff in conjunction with the pediatrician/family doctor's evaluation. If EI staff are not comfortable with administering the screening tool, SSP staff can do it at intake. Refer to **Eligibility Criteria for Specialty Services for Children with Autism Spectrum Disorders** for additional information and clarification.*

### **Revised Documents and Forms:**

*The following documents and forms have been revised to reflect the policies and practices that will be implemented January 1, 2008. Programs may continue to use the current documents if they have already made numerous copies, but must highlight, white out or remove the old information to fully inform families of the changes.*

#### **Universal IFSP:**

**Cover Sheet** – removed “revised annually” language in narrative section at the bottom of the page and replace annually with “each time eligibility is re -determined”.

**Family Page** – removed “at least annually” language in the narrative section in the last sentence at the top of the page, replaced with “each time eligibility is re -determined”.

**Transition Plan, 7b** – added “personally identifiable” information in the Parent Opt Out box. (additional clarification not related to recent memo)

**IFSP Review Page** – removed “revised annually” language in the first sentence of the narrative at the top of the page and replace with “and revised each time eligibility is re -

determined”. Added “I/We” to the second box. (additional clarification not related to recent memo).

**Prior Written Notice and Consent – Early Intervention Evaluation/Assessment**

Revised the 3<sup>rd</sup> sentence in the first paragraph, removed language “and then annually ” to read “Eligibility for Early Intervention is determined when your child is referred”.

**Massachusetts Early Intervention Service & Fees Brochure**

Added clarifying language regarding annual fees and if the child is eligible for six months, the family will be billed for half the fee for the first six months. If the child continues to be eligible, the family will be billed for another six months.

**Early Intervention Services – Information about Fees – FAQ**

Removed references to annual fees and added clarifying language regarding fees based on period of enrollment.